



New Hampshire Department of Agriculture, Markets & Food
Animal Population Control Program
PO Box 2042
Concord, NH 03302-2042
(603) 271-3697

APPLICATION FOR NEUTERING A DOG OR CAT

INSTRUCTIONS

FOR APPLICANTS

- YOU MUST BE APPROVED **BEFORE** THE SURGERY.
- SEND ALL THREE COPIES, WITH PROOF, AND A COPY OF YOUR DRIVERS LICENSE TO THE ADDRESS ABOVE.
- PAY CO-PAY DIRECTLY TO THE VETERINARIAN.
- WE WILL PAY FOR IMMUNIZATIONS AS AUTHORIZED BY RSA 437-A.

FOR VETERINARIANS

- VETERINARIANS MUST BE PARTICIPATING IN THE PROGRAM.
- APPLICATIONS MUST BE **PRE-APPROVED** BY ADMINISTRATOR.
- RETURN THE WHITE COPY WITH MONTHLY INVOICE.
- GIVE THE YELLOW COPY TO THE CLIENT.

Authorized under RSA 437-A:3, II. Any falsification of information shall be subject to an administrative fine of up to \$1,000 under RSA 437-A:6

PART 1—CLIENT/PET INFORMATION PLEASE BEAR DOWN HARD WITH BALLPOINT PEN

NAME OF PET OWNER (LAST, FIRST, M.I.)		HOME TELEPHONE NUMBER
MAILING ADDRESS	CITY & STATE	ZIP CODE

PROGRAM UNDER WHICH PET OWNER IS CLAIMING ELIGIBILITY:

- | | |
|--|--|
| <input type="checkbox"/> 1. The Food Stamp Program. | <input type="checkbox"/> 5. The Medicaid or Healthy Kids Gold Program. |
| <input type="checkbox"/> 2. The Supplemental Security Income Program. | <input type="checkbox"/> 6. The Old Age Assistance Program. |
| <input type="checkbox"/> 3. The Temporary Aid to Needy Families Program. | <input type="checkbox"/> 7. The Aid to the Permanently and Totally Disabled Program. |
| <input type="checkbox"/> 4. The Aid to the Needy Blind Program. | <input type="checkbox"/> 8. Income (call for guidelines). |

YOU MUST SEND PROOF OF YOUR ELIGIBILITY WITH THIS APPLICATION.

Acceptable verification can include a copy of a Notice of Decision, Statement of Benefits, Medicaid or EBT card, or a computer printout from the Div. of Family Assistance.

Type of Pet	<input type="checkbox"/> Female Dog	<input type="checkbox"/> Male Dog	<input type="checkbox"/> Female Cat	<input type="checkbox"/> Male Cat
NAME OF PET (ONE PER APPLICATION)	BREED	WEIGHT	AGE	

THE APCP IS GENEROUSLY FUNDED THROUGH DOG LICENSE FEES AND VETERINARIAN CONTRIBUTIONS.

I HEREBY CONSENT TO THE PRE-SURGICAL IMMUNIZATION, IF REQUIRED, AND NEUTERING OF THE PET DESCRIBED ABOVE, AND ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

BY SIGNING BELOW I ALSO AUTHORIZE THE DIVISION OF FAMILY ASSISTANCE AND/OR THE SOCIAL SECURITY ADMINISTRATION TO RELEASE INFORMATION REGARDING MY CURRENT ELIGIBILITY IN THE ABOVE PROGRAMS TO THE ANIMAL POPULATION CONTROL PROGRAM.

SIGNATURE OF PET OWNER _____ DATE _____

PART 2—CERTIFICATION BY PROGRAM ADMINISTRATOR

SIGNATURE OF ADMINISTRATOR OF ANIMAL POPULATION CONTROL PROGRAM _____ DATE _____

PART 3—VETERINARIAN INFORMATION, TO BE COMPLETED BY HOSPITAL

HOSPITAL/CLINIC NAME _____ PHONE NO. _____

BUSINESS ADDRESS _____

VACCINES GIVEN _____ DATE GIVEN _____ DATE NEUTERED _____

Co-Payment Received ☐ Yes ☐ No

I HEREBY ATTEST THAT NEUTERING AND IMMUNIZATION OF THE ABOVE ANIMAL WAS CARRIED OUT AS RECORDED.

SIGNATURE OF VETERINARIAN PERFORMING SURGERY (MUST BE PARTICIPATING IN THE ANIMAL POPULATION CONTROL PROGRAM) _____ DATE _____

SIGNATURE OF PET OWNER AUTHORIZING SURGERY _____ DATE _____

**PLEASE REMEMBER THAT YOU MUST
SEND PROOF OF YOUR ELIGIBILITY
BACK WITH THE APPLICATION.**

If you are participating in one of the seven programs on the list, you are required to send back proof of the assistance. A copy of your card, or a printout from HHS will be sufficient. If you are not on one of the seven programs you must send verification of any and all income that comes into the home along with the enclosed income verification form. You must also send a copy of your driver's license or non-drivers I.D. Incomplete applications submitted without verification will not be returned, and your application will be discarded.